*Journal of Traumatic Stress, Vol. 7, No. 4, 1994*

*Brief Report*

# The Reported Prevalence of Physical and Sexual Abuse Among a Sample of Children and Adolescents at a Public Psychiatric Hospital

**Elizabeth J. Randall,[1] Allan M. Josephson,[1,2] Gregory Chowanec,[1] and Bruce A. Thyer[1]**

*In this retrospective analysis of inpatient charts, a total of 298 children and adolescents admitted to a public psychiatric hospital over a 1-year period were examined for the prevalence of reported histories of physical or sexual abuse. Physical abuse was reported in 15% of the cases, while sexual abuse occurred in 13%. A variety of comparisons were made examining possible differences in gender, age, race, diagnosis, and personality trait disturbance among the abused and nonabused patients. Relative to known prevalence rates as reported to child protective agencies, physical or sexual abuse occurred much more frequently among our sample of patients, suggesting the need for careful assessment of such histories upon admission and during treatment.*

**KEY WORDS:** children; adolescents; physical abuse; sexual abuse.

## INTRODUCTION

A growing body of research points to the overrepresentation of persons with histories of childhood sexual and/or physical abuse among psychiatric populations, both inpatient and outpatient. Of particular interest have been the associations between such histories and the later development of certain specific disorders or symptoms, such as borderline personality, and dissociative disorders (Sanders and Giolas, 1991; Herman *et al.*,

[1]Department of Psychiatry and Health Behavior, Medical College of Georgia, Augusta, Georgia 30912.
[2]Correspondence may be addressed to Dr. Josephson.



0894-9867/94/1000-0713$07.00/0 

1989). There is considerable debate about whether child abuse alone is causally related to adult psychopathology, or whether disturbances are due to pathogenic conditions of child rearing generally in the families in which abuse is seen, of which the abuse itself is only a part (Emslie and Rosenfeld, 1983; Briere and Runtz, 1988). Clearly, however, a larger data base than that currently available will be needed before the helping professions will understand the effects of childhood physical and sexual abuse on psychiatric morbidity other than in a generic sense.

Even the magnitude of the problem of child abuse can only be estimated. According to a national study by the U.S. Department of Health and Human Services, 2.5% of children under the age of 18 in 1986 were sexually abused, and 5.7% were physically abused (National Center on Child Abuse and Neglect, 1988). However, the study acknowledges that these figures were compiled from cases reported to child protective service agencies, school officials, and hospitals, without reference to cases that remain unreported, and are thus described as "the tip of the iceberg" (p. 2-2).

In response to the ongoing need for a wider and more stable data base on current abuse among children and adolescents, we conducted the following study on the incidence of physical and sexual abuse among a sample of children and adolescents admitted to a publicly funded psychiatric hospital serving the semi-rural district surrounding Augusta, Georgia.

## METHOD AND PROCEDURES

The patient records for all children and adolescents admitted to Georgia Regional Hospital between November 1987 and October 1988 were retrospectively examined. The patient records were divided into two groups, those from children (aged 11 years and younger) and those from adolescents (aged 12 years and older). Data were gathered on the patients' gender, race, reported lifetime history of physical and/or sexual abuse, diagnoses on Axis I of the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1980), and diagnoses of personality trait disturbances. These data were derived from clinical psychiatric interviews and extensive social histories of the patients, and systematic assessments of the caregivers completed by the unit's social work staff. Part of the systematic assessment included the routine inquiry about history of sexual and physical abuse, past and current.



## RESULTS

A total of 298 inpatient charts were reviewed, with 50 from children and 248 from adolescents. Of the total sample, there were 46 (15.4%) reported cases of physical abuse. Ten of these were among the younger group (child), while 36 were adolescents. This difference was not significant, nor was the breakdown by race. Females tended to be overrepresented among the physical abuse patients but the difference did not achieve significance [$\chi^2(1) = 3.6$; $p < .06$].

Looking at sexual abuse histories, we observed that our sample included 40 reported cases (13.42%). Of these, 7 (17.5%) were children and 33 (82.5%) were adolescents. Sexually abused patients in this sample were significantly more likely to be white than nonwhite [$\chi^2(3) = 13.7$; $p < .01$]. Additionally, there was a highly significant difference by gender in this group, with females at higher risk of sexual abuse than males [$\chi^2(1) = 15.9$; $p < .0001$]. Of the total, 28 (70%) were female, while 12 (30%) were male.

In the entire sample of 298 cases, there were 38 different numerical diagnoses recorded on Axis I. Breaking these down into diagnostically related clusters made it possible to reduce the overall number to six general diagnostic categories, as follows: Psychotic disorders; Affective problems, Adjustment problems, Conduct disorders; and Attention deficit disorders. Further breaking down the diagnostic pattern according to patient age group and presence or absence of physical and sexual abuse, or both, resulted in Table I.

There was a statistically significant difference in the pattern of diagnoses recorded by age group [$\chi^2(39) = 64.8$; $p < .005$]. There were no other statistically significant differences in the distribution of diagnoses.

Although true personality disorder (Axis II) diagnoses are not typically made below the age of 18, some of the patients exhibited personality trait disturbances that could be considered premorbid indicators of character pathology. There was again a statistically significant difference in the distribution of personality trait disturbances by age of patient (child vs. adolescent) [$\chi^2(9) = 49.7$; $p < .0001$], but no other significant differences were seen.

## DISCUSSION

Our study appears to add additional evidence to the emerging recognition that child physical and sexual abuse are far more prevalent than

**Table I.** Axis I Diagnostic Categories by Patient Age Group and Abuse History

| Diagnostic Category | Total ($n$ = 298) | % | Child ($n$ = 50) | % | Adol. ($n$ = 248) | % | Phys. Abuse ($n$ = 46) | % | Sex Abuse ($n$ = 40) | % | Both ($n$ = 16) | % |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Psychotic disorders | 7 | 2.4 | 1 | 2 | 6 | 2.4 | 2 | 4.4 | 1 | 2.5 | 0 | 0 |
| Anxiety disorders | 9 | 3.0 | 1 | 2 | 16 | 6.5 | 0 | 0 | 2 | 5.0 | 0 | 0 |
| Affective disorders | 41 | 13.8 | 2 | 16 | 38 | 15.3 | 9 | 19.6 | 7 | 17.5 | 4 | 25.0 |
| Adjustment disorders | 57 | 19.1 | 10 | 20 | 38 | 15.3 | 8 | 17.4 | 8 | 20.0 | 2 | 12.5 |
| Conduct disorders | 165 | 55.3 | 25 | 50 | 137 | 55.2 | 25 | 54.4 | 18 | 45.0 | 9 | 56.3 |
| Attention deficit | 10 | 3.4 | 5 | 10 | 5 | 2.0 | 0 | 0 | 1 | 2.5 | 0 | 0 |
| Other/ unreported | 9 | 3.0 | 6 | 12 | 8 | 3.2 | 2 | 4.4 | 3 | 7.5 | 1 | 6.3 |



was assumed to be the case even ten years ago. The prevalence rates seen here of 15.4% and 13.4% respectively for physical and sexual abuse are far higher than the nation-wide prevalence rates of 5.7% and 2.5%, respectively, reported in a recent study by the National Center on Child Abuse and Neglect (1988). At the same time, these prevalence rates are consistent with the most respected community surveys of retrospective adult reports of abuse, and within the low to average range of reports for clinical samples of child-reported cases (Finkelhor, Hotaling, Lewis, and Smith 1990; Ammerman and Hersen, 1990). The similarity of our findings with the existing reports of abuse from clinical and community samples, and the similarity of these reports with each other, points to an important aspect of our data; that the great majority of cases that come to the attention of mental health providers go unreported to child protective agencies.

Numerous authors have suggested that physical and sexual abuse often results in serious psychopathology (Sanders and Giolas, 1991). In our large clinical sample, the history of abuse did not have a differential impact on the manifestation of psychopathology in the variables utilized. There were no differences between those who were abused, sexually or physically, and the general inpatient child and adolescent psychiatric population with respect to Axis I diagnoses (primary psychopathology); or personality trait disturbance.

This finding should not be construed as suggesting physical abuse and sexual abuse are innocuous events. Clinical experience and considerable empirical research suggests these events are particularly toxic in many cases. Indeed, there may be other clinical variables, not studied here, which do reveal the singularly traumatic significance of sexual abuse or physical abuse upon youth.

Our data suggest that among the patients we studied, physical and/or sexual abuse was not the unifying factor in the serious psychopathology of these children. We believe with other authors (Emslie and Rosenfeld, 1983) that severe family disorganization and accompanying developmentally based deficits led to hospitalization for these children.

The association between abuse and specific diagnoses in childhood and adolescents remains unclear. Dissociative disorders were rare in this sample. A noteworthy number of adolescents had personality trait disturbances of the labile type (Cluster B; histrionic, borderline, narcissistic) but there was no increased incidence of sexual abuse in these patients.

Limitations of our study reflect the problems inherent in the subject matter and in our retrospective approach. It is possible that the data we obtained are *underestimates* of actual levels of abuse. These children were, in most instances, returned to their families; this may result in a reluctance to report abuse. The well-known obligation of mental health professionals

to report suspected abuse to local authorities poses an additional problem in conducting research in this area. Our attempt has been primarily to add to the data base on the prevalence of physical and sexual abuse among child and adolescent inpatients, and to examine potential relationships between abuse and presenting problems. Further research is needed to document the extent of the problem on a national level, as well as to detect regional differences. The need also remains to study abused children prospectively in order to discern the specific effects of abuse experienced during the formative years on emotional problems over the life span.

## REFERENCES

American Psychiatric Association. (1980). *Diagnostic and Statistical Manual of Mental Disorders* (third edition), American Psychiatric Association, Washington DC.

Ammerman, R. T., and Hersen, M. (1990). *Children at Risk: An Evaluation of Factors Contributing to Child Abuse and Neglect,* Plenum, New York.

Briere, J., and Runtz, M. (1988). Multivariate correlates of childhood psychological and physical maltreatment among university women. *Child Abuse Negl.* 12: 331-341.

Emslie, G. J., and Rosenfeld, A. (1983). Incest reported by children and adolescents hospitalized for severe psychiatric problems. *Am. J. Psychiatry* 140: 708-711.

Finkelhor, D., Hotaling, G., Lewis, I. A., and Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk factors. *Child Abuse Negl.* 14: 19-28.

Herman, J. L., Perry, J. C., and van der Kolk, B. A. (1989). Childhood trauma in borderline personality disorder. *Am. J. Psychiatry* 146: 1293-1296.

National Center for Child Abuse and Neglect. (1988). *Study findings: Study of national incidence and prevalence of child abuse and neglect: 1988* (OHDS Report, under contract No. 105-85-1702), United State Government Printing Office, Washington, DC.

Sanders, B., and Giolas, M. H. (1991). Dissociation and childhood trauma in psychologically disturbed adolescents. *Am. J. Psychiatry* 148: 1008-1013.